

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

E
US DOL ES
Rec'd
MS18M3

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 10073	2. Fiscal Year Covered From 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Arthur Ludwig P.O. Box, Bldg., Room No., if any Street 29W 150 Lester City West Chicago State Illinois ZIP Code + 4 60185	4. Name, file number, and address of labor organization. Name IBEW Local 701 Union Labor Organization File Number 009-333 P.O. Box, Building and Room Number, if any Street 28600 Bella Vista Parkway City Warrenville State Illinois ZIP Code + 4 60555
5. Position in labor organization. Former Business Manager	

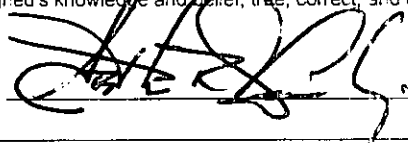
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed



On

8/12/05
Date

630-696-6286
Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name IBEW Local 701 Fringe Benefit Funds

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 28600 Bella Vista Parkway

City Warrenville

State Illinois ZIP Code + 4 60555

9. Business deals with:

☒ a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

The IBEW Local 701 Fringe Benefit Funds were created by Local 701 Union and the employers of Local 701 for the benefit of the members. I was a trustee on the IBEW Local 701 Fringe Benefit Funds.

11.b. Approximate dollar value of such dealing. \$0

12.a. Nature of interest held or income received.

Attendance at an educational seminar in Miami, Florida.

12.b. Amount. \$1,221

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing Arthur Ludwig	File Number U-
-------------------------------------	----------------

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Friends of Art Ludwig</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 28600 Bella Vista Parkway</p> <p>City Warrenville</p> <p>State Illinois ZIP Code + 4 60555</p>	<p>9. Business deals with</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>A separate Fund was set up to give a retirement party to me. There is no direct dealing between the Fund and the Local.</p> <hr/> <p>11.b. Approximate dollar value of such dealing. \$0</p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p>A separate Fund was set up for the purpose of providing a retirement party for me. Contributions were made by various entities. The remaining balance in the account, after all expenses were paid, was given to me.</p> <hr/> <p>12.b. Amount. \$27,622</p>